

**GOVT.HOMOEOPATHIC MEDICAL COLLEGE MEN'S/WOMEN'S  
HOSTEL – CALICUT.**

**APPLICATION FOR RE- ADMISSION Academic Year 20 - 20**

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Name in full (In block letters) :  
Contact number :  
Course : BHMS/MD(HOM) Class & Batch :  
Hostel Roll Number : Diet : Vegetarian / Non Veg  
Name of Parent (with contact number) :  
Name and address with Tel. No of local guardian  
who may be contacted in case of emergency :

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**DECLARATION**

I declared that I have carefully read and understood the rules myself. If admitted to the hostel will obey all the rules and regulations of the hostel to help the authorities in the maintenance of good conduct and discipline to get a good example myself to pay my dues punctually and not to leave the hostel unless permitted or directed by the Warden /Chief Warden to do so.

Place: \_\_\_\_\_ Signature of Applicant.  
Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

If Dues any,

Amount : \_\_\_\_\_ paid on : \_\_\_\_\_ Reciept No. & Date : \_\_\_\_\_

Section clerk

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Rent along with Re-admission application fee received of Months from ..... 20  
to ..... 20

Receipt No. \_\_\_\_\_ Date: \_\_\_\_\_

Date of Re-Admission: \_\_\_\_\_

Section clerk

Acknowledged by  
Hostel Warden

Chief Warden  
(Principal)